

# CLAIMS ONLY

REPLACEMENT PAGE NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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46	1					
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50						
TOTAL IND	2					
TOTAL DEP	0					
TOTAL CLAIMS	2					

	★		★		★	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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